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Crawley Urban District Council



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1957



SECOND

A N N U A L R E P O R T

OF THE PUBLIC HEALTH DEPARTMENT

of the

CRAWLEY URBAN DISTRICT

of

WEST SUSSEX

1957

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Medical Officer of Health.

T. Steel, M.A.P.H.I., M.R.S.H.
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CRAWLEY n.d.c. 7.0.11 appear 1957

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CRAWLEY URBAN DISTRICT COUNCIL

June, 1958.

Health Department,
Goffs Park House,
Crawley.

To the: Chairman and Members of the
Crawley Urban District Council.

Ladies and Gentlemen,

I have the honour to present to you the Annual Report, in which an account is given of the work of the Health Department during 1957. This is the second such report since the Urban District came into being in April 1956, but the first to deal with a full calendar year. It has been prepared in accordance with Ministry of Health Circular No. 1/58.

The perusal of Annual Reports of years ago can be a fascinating study, reflecting the main changes which have taken place during the last hundred years, but it must be remembered that the modern concept of Public Health has been evolving over centuries. In the fifteenth and sixteenth centuries efforts were directed mainly to the avoidance of pestilence, - particularly plague. In the nineteenth century the emphasis moved to sanitary engineering, the provision of water supplies and drainage, refuse disposal, the abolition of filth in the large towns and the avoidance of disease such as cholera and typhoid which were attributable to the grossly defective sanitation of those days. Only later came the realisation of the unity of ill-health and disease with other forms of social sickness, and it was apparent that the remedy for ill-health lay not so much in treatment of the individual as in concerted action by the community to improve environmental conditions and to find the solution to many social problems. There then came legislation in connection with housing, education, pensions and insurance, child life protection and adoption, occupational hygiene with regulation of hours and conditions of work. It was only with the turn of the present century that our legislators first turned seriously to measures of a socio-medical nature, - the beginnings of a School Medical Service and of the control of the practice of midwifery, the first steps in the hygiene and handling of food, the provision of pensions for old people, widows and orphans, insurance against sickness and injury, industrial welfare, the prevention of blindness, venereal disease and tuberculosis.

Modern Public Health has been described as a "Silent Service", which, although constantly in action, only comes into the limelight when things go wrong. Its achievements are measured solely by the absence or fewness of cases of disease and deaths, but these successes have no news value or popular appeal. They lack the glamour of the curative services, like a successful major operation newly performed, -

which is undoubtedly the reason why those responsible for planning the nation's television entertainment concern themselves with the curative services, but do so little to bring home to the public the vital importance of prevention. The Public Health Department cannot point to rows of new dwellings, roads or parks. The results of its labours are rather on the negative side and can only be properly appreciated by delving into the past.

During the year the staff of the department has been increased by the appointment of Mr. Tyler to the post of Senior Additional public Health Inspector, and by Miss Weston as Junior Clerk.

Vital Statistics

On page 10 will be found an extract from the vital statistics for 1957. Whereas the previous report dealt only with a period of nine months, which rendered the accurate calculation of certain figures a difficult if not impossible task, this year's statistics could be worked out in the normal manner.

Births during 1957 totalled 1074 (1051 legitimate and 23 illegitimate), giving a Crude Birth Rate of 27.5 as compared with 26 in the previous year. After application of the Comparability Factor as supplied by the Registrar General, the Corrected Birth Rate is still 19.8, - well above the national average of 16.1 and the figure of 15 for Urban Districts in West Sussex.

Only 172 deaths were registered during the year, giving a Crude Death Rate of 4.4. Again application of the Comparability Factor is necessary, giving a Crude Death Rate of 8.67, - much below the average for the country as a whole.

One maternal death occurred, while 17 children died during the first year. Sixteen of these deaths took place during the first four weeks and included those due to prematurity, congenital defects etc. The fact that only one child of the one to twelve-month group died during the year must reflect the high standard of child care in the area. As I have previously pointed out, it is important to remember that, in an area of comparatively small population, too much attention cannot be paid to annual variations in vital statistics.

Each month details of all births and deaths registered, including those "transferred", have been passed to the Research Officer of the Crawley Development Corporation. He has kindly provided the following population figures for each quarter:-

31st December, 1956	36,029
31st March, 1957	37,502
30th June, 1957	39,168
30th September, 1957	41,112
31st December, 1957	43,448

This table reveals an increase of 7,419 during 1957.

Notifiable Infectious Disease

A table showing details of the notifications received appears on page 13. The high figure of 713 Measles notified was due to the continuation of an outbreak which started during the closing months of 1956.

There was an increase in the number of cases of Whooping Cough, a total of 141 being notified. It would appear that the value and importance of preventive inoculation against Whooping Cough is not yet generally appreciated. While medical science has done much to rob this disease of its terrors, it remains a serious infection in young infants, who should be protected by immunisation before reaching six months.

The incidence of Poliomyelitis showed an increase during the year, a total of 22 cases being notified. Of these 11 were finally classified as paralytic and 11 non-paralytic, but the type of disease was exceptionally mild and a number of those classified as paralytic had very slight muscular involvement and made complete recoveries. This disease is normally prevalent in the late summer and autumn, but of the total of 22 in Crawley, seven were admitted to hospital during the first quarter (4 paralytic and 3 non-paralytic). Another noteworthy feature of the 1957 cases was that ten occurred among adults. The youngest patient was a six-months' old baby with mild paralytic disease, and the eldest a woman of 50 years who had no muscular involvement.

Recent advances in laboratory techniques have permitted virus investigations among both patients and contacts to be extended, and this shows promise regarding both diagnosis and control of the disease. However there are still cases where the making of a confident diagnosis is impossible, hence doubt must remain as to whether all the cases notified were in fact Poliomyelitis.

In each instance steps were taken to place all contacts on "home and garden quarantine", and it was necessary in some cases to exclude from work adult contacts. I would like again to pay tribute to the co-operation of the employers who gave financial assistance to those excluded from work.

Care of the Aged

Although the problems of the aged are perhaps most acute in our large towns and cities, there are few places which escape them, for the ageing of the population has proceeded steadily for half a century. This is of course due to the falling birth-rate since 1900, together with the increasing expectation of life attributable to the advances in medical treatment, together with the provision of social amenities. It is disturbing to reflect that within less than twenty years the population aged 65 years and over will be in excess of ten million.

The criticism so often heard, namely that there is now greater reluctance on the part of relations to accept responsibility for their old folk, may not be without foundation, but it is also true that many of the aged have outlived their relatives, while many of those remaining may have heavy responsibilities towards their own children.

One of our most distressing duties in the Health Department is when we are called upon to arrange for the disposal of old people who, in the wording of the National Assistance Act, 1947, are -

- (a) "Suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions, and
- (b) Are unable to devote to themselves, and are not receiving from other persons, proper care and attention."

It is only with the greatest reluctance that I and my colleagues take action under this Act, but a case was reported to me in January 1957 in which there was no alternative course. An elderly woman was said by her doctor to be living alone in deplorable conditions and an immediate visit was paid in the company of the District Welfare Officer. Although the owner of the house in which she lived, and in receipt of a small income as well as her pension, she was found in conditions of extreme squalor. Both her remaining relatives and her legal adviser were most anxious that she should enter an Old People's Home, but it was impossible to gain her consent to this move. Application was made to a Magistrate for an Order under the National Assistance (Amendment) Act, 1951, and this was granted for a period of three weeks. On the following day the patient was transferred by ambulance to "North View" at East Preston, a Home under the control of the West Sussex County Council. She settled down quite satisfactorily and it was unnecessary to make application for a further Order. The old lady died early this year.

The Commonest of all Diseases

One of the most striking of social changes during the last half century has been the improvement in child health, for the average child of today is incomparably more healthy, taller and better developed than was the case fifty years' ago. There has been a marked change for the better even in the last twenty years, - as is very apparent to those of us who were engaged in the routine medical inspection of school children before the last war. Even ten years' ago this encouraging change was evident, contrary to which might have been expected after the years of shortage and deprivation inevitable in war time. During the immediate post-war years, one of the greatest causes for satisfaction was in the marked improvement in oral hygiene among school entrants, - those children who had been born in the early forties when food rationing was in force, - and the School Dental Service was able to report an encouraging increase in the proportion of young children who showed no evidence of tooth decay.

How different is the position today! An extensive survey, the results of which were published in 1955, showed that on average five-year-old children have six decayed teeth per child, while four-year-olds have five. In short, this means that in any one year, among the four and five-year-old children of England and Wales alone there will be an average of nearly eight million decayed teeth in need of treatment, - an enormous task which is obviously beyond the present abilities of the school dental staff and the dental surgeons of the National Health Service. Many of these teeth will need extraction and it must never be forgotten that the premature removal of "milk-teeth" may have a serious effect on the development of the permanent dentition.

How has this deplorable state of affairs come about? Dental caries has affected mankind from the earliest times, but never so much as today, for 98% of the population of this country suffer from the disease. Although there is no complete racial immunity, the incidence in primitive tribes beyond the reach of civilisation is very low indeed. It has been said with much truth that one part of the world is still suffering from hunger and malnutrition, while the rest literally "eats itself to death". It can also be said that those who suffer from hunger have far less dental disease than the more fortunate inhabitants of the western world. This is essentially a scourge of modern civilisation. During the last war the German-occupied countries in Europe suffered far less from dental decay than those which remained free, solely because sugar was almost unobtainable and people were forced to eat more natural and unadulterated foods. Among the Eskimos of Greenland and the aborigines of Australia, dental disease was almost unknown until they became introduced to cooked, starchy foods, when tooth decay quickly made its appearance.

In the causation of dental disease many factors play a part. In the healthiest mouth are numerous types of bacteria, but a starchy

diet encourages the growth of those organisms which cause carbohydrate breakdown, releasing acid which can attack the protective enamel of the teeth. After the consumption of such diet, acid is produced immediately and in a susceptible mouth continues to accumulate up to 1½ hours if food is available for the bacteria between the teeth and around the gum margins. Obviously if food is eaten frequently the conditions become ideal for the production of decay. Dental research has proved beyond doubt that the most important factor of all in the production of dental caries is the heavy consumption of sweet starchy foods, often taken between meals, together with the lack of any effort on the part of those affected to cleanse the teeth after eating.

Unfortunately any measures which the dental profession, supported by their medical colleagues, may take to educate the public into correct eating habits, are likely to come to naught in the face of modern advertising methods. These subject all of us to great pressure by subtle and compelling advertising which, together with the social usages of our time, encourages everyone to nibble sweets constantly. The condition of any cinema floor at the end of the day, littered as it is sure to be by papers and cartons, gives ample evidence of the widespread nature of this unnatural habit. Of what use is it to tell a child, - or for that matter its parents, - that sweet and starchy foods should not be eaten between meals, when on the television screen, on posters or in the newspapers he is urged to take a "between meal snack". Stress must be laid on the vital importance of brushing the teeth after every meal, but dentifrice firms, using the same advertising media, suggest that their products give lasting protection against decay with one brushing in the morning! While even greater harm may result from the various sweet beverages which the public is urged to consume at night - presumably in bed, - leaving ideal conditions for decay during the hours of sleep.

Although the cost to the nation of the Dental Service since the inception of the National Health Service is now approaching three hundred million pounds, next to nothing is being spent to prevent the disease which has been well described as "the last great epidemic". Yet the only hope for the future must lie in the education of the public. So few realise that preventive dentistry can be carried out by themselves in their own homes by employing a correct regime with regard to diet and by practising simple methods of oral hygiene. Careful research has shown that dental decay can be reduced by over 50% when the teeth are cleansed regularly after meals. It has also been proved that sugar and acids can, to a great extent, be cleansed from the mouth rapidly by the simple expedient of rinsing the mouth with plain water. What advice can be given to parents with regard to the care of their children's teeth, - not to mention their own? Steps which can be taken in the home are:-

- (a) The avoidance of eating between meals, including the banning of sweets and "lollies" except at meal times.

- (b) Regular meal times, and the eating of fibrous fruits and vegetables such as apples or raw carrot at the end of the meal.
- (c) The encouragement of children, by both example and instruction, to rinse the mouth with plain water after eating or drinking.
- (d) The instruction of young children in the correct technique of teeth brushing and its value, especially last thing at night.

Half a century has now elapsed since it was first observed in America that people living in regions where fluorides occur naturally in the water have a low incidence of dental decay, but it was not until 1945 that the first controlled studies of artificial fluoridation of water supplies in the U.S.A. were started. Within less than ten years the results of these tests, and of many others, convinced the scientists who had investigated the matter that fluoridation can greatly reduce dental caries among children who drink the water during their teeth-building period, and that the procedure is perfectly safe. Fluoride has been recommended by many authorities, including the American Medical Association, the American Dental Association, and the United States Public Health Services, while in 1957 the World Health Organisation declared "The discovery of the optimal concentration of fluoride in drinking water is the most significant development in the history of preventive dentistry."

It has been shown that the ideal concentration of fluoride is one part per million. This is a figure beyond most people's conception, but translated into more familiar figures it means that 14½ gallons of such water would contain one grain of fluoride. In Great Britain the average level of fluoride in drinking water is only 0.1 p.p.m. or less, but in certain areas the level is as high as 4.0 p.p.m., - when slight mottling in the enamel of children's teeth may be found, although evidence of decay remains low. Careful surveys of children's teeth in South Shields, Colchester and Slough, districts having a level of 1 p.p.m. or over of fluoride in the water, show that there is 60 per cent. less dental decay than in North Shields, Ipswich and Reading, towns which are comparable in size but which have water deficient in fluoride.

Following the report of a Government mission which visited the U.S.A. in 1952, it was resolved to institute the artificial fluoridation of drinking water in four areas in Great Britain and the experiment continues.

The Chief Engineer of the Crawley Development Corporation has kindly made available to the Public Health Department copies of analyses of water from the Weir Wood source, carried out at the Gatwick Laboratories, and these show the average level of fluoride to be 0.3 p.p.m.- that is above the national average but below the desirable concentration.

On the other hand, water from the Hardham source, supplied by the North West Sussex Joint Water Board, has a reading of less than 0.1 p.p.m.

Now that the value of artificial fluoridation has been proved beyond all doubt, it is to be hoped that an early decision will be taken to make available to all children the benefits of this discovery.

My thanks are due to Mr. T. Steel, Chief Public Health Inspector, and to his staff for their help and co-operation in the work of the Department, and to my Secretary, Miss Heydon, who has been responsible for the typing of this report.

I would take this opportunity of expressing my appreciation of the support I have received from the Chairman and Members of the Public Health Committee.

I am, Ladies and Gentlemen,

Your obedient Servant,

J. Dawson.

Medical Officer of Health.

Members of the Public Health Committee

Mrs. N. Simkins (Chairman)
Mr. R.G. Davis-Poynter (Vice-Chairman)
Mr. R.P. Barry
Mrs. H.C. Carman, J.P.
Mr. A.E. Crane
Capt. S.H. De La Mare
Mr. J.W. Godwin
Major B.H. Jones
Mr. E.S. Lawler
Mr. A.E. Pegler
Mr. K.J. Richards
Mr. A.C. Ward

Staff of the Public Health Department

Kenneth N. Mawson, M.B., Ch.B., D.P.H., F.R.S.H.
Medical Officer of Health; also Assistant County
Medical Officer and School M.O. to the West Sussex
County Council.

T. Steel, M.A.P.H.I., M.R.S.H., Chief Public Health
Inspector.

Certificate of the Royal Sanitary Institute and
Sanitary Inspectors Joint Board.
Certificate of the Royal Sanitary Institute for
Inspectors of Meat and Other Foods.

K.J.Tyler, M.A.P.H.I., M.R.S.H., Senior Additional
Public Health Inspector (from January 1957)

Certificate of the Royal Sanitary Institute and
Sanitary Inspectors Joint Board.
Certificate of the Royal Sanitary Institute for
Inspectors of Meat and Other Foods.

L.P. Poole, M.A.P.H.I., A.R.S.H., Additional Public
Health Inspector.

Certificate of the Royal Sanitary Institute and
Sanitary Inspectors Joint Board.
Certificate of the Royal Sanitary Institute for
Inspectors of Meat and Other Foods.

Clerks - Miss W. Brackpool and Miss G. Weston.

Secretary to M.O.H. - Miss M. Heydon

CRAWLEY URBAN DISTRICT COUNCILStatistics & Social Conditions of the Area 1957.

Area (Acres)	5,622
Estimated resident population, mid-1957	£39,040
Number of Inhabited Houses (31st December, 1957) according to the Rate Books	11,955
Rateable Value (31st December, 1957)	£589,696
Sum represented by a Penny Rate (estimated)	£2,681

EXTRACTS FROM VITAL STATISTICS OF THE YEAR

	<u>Total</u>	<u>M.</u>	<u>F.</u>	
Live Births (Legitimate	1051	534	517) Birth Rate = 27.5 per 1,000 estimated resident population in mid-1957.
(Illegitimate	23	9	14	
Still Births	19	11	8) Rate per 1,000 total births = 17.7
Deaths	172			Crude Death Rate = 4.4
England & Wales Birth Rate = 16.1				Death Rate = 11.5
Birth Rate corrected by Comparability Factor = 19.8				
Death Rate corrected by Comparability Factor = 8.67				
West Sussex Urban Districts Birth Rate = 15.02				Death Rate = 13.37
Deaths from Puerperal Causes: (Deaths from Pregnancy, Childbirth and Abortion) = 1				

DeathsRate per 1,000 Total Births

1

0.93

During the year, 9 male and 8 female infants died before a year.
All were legitimate children.

Death Rate of Infants under 1 year of age:-

All Infants per 1,000 Live Births	15.8
Legitimate Infants per 1,000 Legitimate Live Births	16.17
Illegitimate Infants per 1,000 Illegitimate Live Births ..	0.00
(Infant Mortality Rate for England and Wales	23.00)

Extracts from Vital Statistics (Continued)

Deaths from Cancer (all ages)	29 (27)
Deaths from Measles (all ages)	0 (0)
Deaths from Whooping Cough (all ages)	0 (0)

(The figures in brackets refer to 1956)

CAUSES OF DEATH IN THE CRAWLEY URBAN DISTRICT

	<u>Males</u>	<u>Females</u>
1. Tuberculosis, respiratory	1 (0)	0 (0)
2. Tuberculosis, other	0 (0)	0 (0)
3. Syphilitic disease	1 (0)	0 (0)
4. Diphtheria	0 (0)	0 (0)
5. Whooping Cough	0 (0)	0 (0)
6. Meningococcal infections	0 (0)	0 (0)
7. Acute poliomyelitis	0 (1)	0 (0)
8. Measles	0 (0)	0 (0)
9. Other infective and parasitic diseases	0 (0)	0 (0)
10. Malignant neoplasm, stomach	2 (1)	0 (2)
11. Malignant neoplasm, lung, bronchus	7 (6)	2 (1)
12. Malignant neoplasm, breast	0 (0)	4 (1)
13. Malignant neoplasm, uterus	0 (0)	0 (0)
14. Other malignant & lymphatic neoplasms	9 (9)	8 (7)
15. Leukaemia, aleukaemia	1 (0)	0 (0)
16. Diabetes	0 (0)	1 (0)
17. Vascular lesions of nervous system	2 (4)	20(10)
18. Coronary disease, angina	16(10)	6(12)
19. Hypertension with heart disease	1 (1)	3 (1)
20. Other heart disease	12 (7)	13 (8)
21. Other circulatory disease	3 (4)	1 (2)
22. Influenza	1 (0)	0 (0)
23. Pneumonia	9 (1)	4 (5)
24. Bronchitis	4 (0)	2 (0)
25. Other diseases of respiratory system	0 (1)	1 (1)
26. Ulcer of stomach and duodenum	1 (1)	0 (0)
27. Gastritis, enteritis and diarrhoea	0 (1)	0 (0)
28. Nephritis and nephrosis	0 (1)	2 (1)
29. Hyperplasia of prostate	1 (2)	0 (0)
30. Pregnancy, childbirth and abortion	0 (0)	1 (0)
31. Congenital malformations	2 (2)	1 (1)
32. Other defined and ill-defined diseases	9(14)	14 (7)
33. Motor vehicle accidents	2 (3)	1 (1)
34. All other accidents	0 (1)	1 (0)
35. Suicide	0 (1)	3 (1)
36. Homicide and operations of war	0 (0)	0 (0)
	<u>84(71)</u>	<u>88(61)</u>

SOCIAL CONDITIONS

Under the New Towns Act, 1946, eight New Towns are now being built in a ring approximately 25 to 30 miles from the centre of London, with the primary object of relieving overcrowding in the Metropolis. Of these, Crawley is the only one south of London, and a town of 50,000 to 60,000 inhabitants is now well on the way to completion. Covering 6,000 acres, the Designated Area is approximately $3\frac{1}{2}$ miles across and is surrounded by a green belt which gives ready access to the countryside.

While the Crawley Development Corporation is responsible for the planning and building of the town, including the majority of houses, most shops and some factories, the administration of the area is in the hands of the local authorities, - the West Sussex County Council and the Crawley Urban District Council.

The town has been planned to have nine Residential Areas (with populations varying from 4,600 to 8,250), a Town Centre and an Industrial Area, the last being situated to the north of the town on the London side, adjoining the main road and railway. Each Residential Area, eight of which are completed, is largely self-contained, having a Primary School, shops which provide for daily needs, a Church and a Public House. This arrangement cuts to the minimum the distance which children are obliged to walk to school in their early years. A Grammar School and four Secondary Modern Schools have been built, providing places for 2,850 children. The Secondary Schools, which are co-educational, are so sited as to serve several Residential Areas, each drawing its pupils from a total population of about 15,000, living within a radius of a mile from the school. Fifteen new Primary Schools have been completed, with 7,320 places, and a further three are in course of erection with accommodation for 1,160 children. The College for Further Education is well advanced and provisional buildings now accommodate 400 students.

One permanent Community Centre has been provided adjoining West Green Primary School, and semi-permanent halls are open in the other developed areas.

There is a wide range in the design of houses in the New Town, the Corporation having designed and built no less than 253 different types of dwellings. Three-quarters of the accommodation is now provided in three-bedroomed houses, the type in greatest demand, and it is interesting to note that very few prospective tenants, less than $2\frac{1}{2}$ % are willing to be housed in flats.

In addition to the houses erected by the Crawley Development Corporation, totalling 9,414 at the time of writing, the Crawley Urban District Council had 1,211 houses in occupation at the end of 1957. The vast majority of new residents work in Crawley, either in the factories or in the town services. Sixty-four factories are in

production, giving employment to 9,300 persons, while seven more factories are in course of erection and six more are planned. When these are completed employment will be provided in the Industrial Area for 12,350 persons.

-During 1957 many new shops were erected in the Town Centre, and a total of 111 are now trading in the central shopping area, 11 more now being in course of erection. In the Neighbourhood Centres 108 new shops are open. It would certainly appear that the Town Centre will not only serve the people of Crawley itself but those living in the surrounding districts, for whom it will become the most convenient large centre for shopping and entertainment.

NOTIFIABLE DISEASES

The following cases were notified during 1957. The figures in brackets indicate the number of cases notified the previous year.

Scarlet Fever	4	(1)
Whooping Cough	141	(53)
Poliomyelitis (Paralytic)	11	(5)
Poliomyelitis (Non-Paralytic) ..	11	(4)
Measles	713	(380)
Pneumonia	8	(1)
Food Poisoning	0	(3)
Puerperal Pyrexia	4	(2)
Dysentery	3	(1)
Malaria (contracted abroad) ..	1	(0)

TUBERCULOSIS

Number of cases added to the Register during the year - 97

(Of this number 17 were new cases, the remainder being "transfers" when the patient moved to Crawley).

Pulmonary Males	47	Non-Pulmonary Males	2
Pulmonary Females	44	Non-Pulmonary Females	4

One death occurred during the year; - that of a man who died of pulmonary disease.

The number of cases of Tuberculosis on the Register at the 31st December, 1957, was 297.

DIPHTHERIA IMMUNISATION

During the year 999 children under 5 years of age, and 60 between the ages of 5 and 15 years, received the full course of immunisation. In addition 485 children, who had previously been protected, were given a "reinforcing" dose.

When compared with the previous year the figure for primary immunisation shows a rise, even when allowing for the increase in population, but there was a fall in the number of "booster" doses given.

ACCOMMODATION FOR INFECTIOUS DISEASE

The following known cases of notifiable disease were admitted to hospital during the period ending 31st December, 1957:-

Crawley Hospital

Pneumonia	1
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Foredown

Poliomyelitis (Paralytic)	10
Poliomyelitis (Non-Paralytic)	10

Queen Mary's Hospital, Carshalton

Poliomyelitis (Paralytic)	1
Poliomyelitis (Non-Paralytic)	1 (DNC)
Dysentery	3

Redhill County Hospital

Malaria	1
Pneumonia	1

Smallfields Hospital

Poliomyelitis (Paralytic)	1
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Bletchingly I.D. Hospital

Whooping Cough	1
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GENERAL PROVISION OF HEALTH SERVICES IN THE AREA1. Laboratory Facilities.

Whereas previously all routine bacteriological work from the Horsham Rural District had been referred to the Epsom Laboratory of the Public Health Laboratory Service, arrangements were made early in 1956 for samples to be sent to the Brighton Laboratory. It is desirable that all specimens should reach the Laboratory with the minimum of delay, and it was found that transport to Brighton would prove quicker and generally more convenient. Routine samples of water, milk and ice-cream are submitted, together with many other types of specimens for bacteriological examination when necessary. All general practitioners in the area were informed of the scheme and invited to make use of our transport arrangements when necessary.

We are indebted to Dr. J.E. Jameson, Director of the Laboratory, for his assistance and advice on many occasions.

2. Ambulance Facilities.

The operation of this service, for which the West Sussex County Council as Local Health Authority is responsible, is carried out by the St. John Ambulance Brigade, the day-to-day administration being under the control of the local Divisional Superintendent.

Up to the summer of 1957 three ambulance vehicles were provided, each with a paid driver, but in August last the staff was increased by the appointment of an additional driver and a male attendant. In September a fourth vehicle was delivered. During 1957 the fleet of ambulance vehicles covered a total mileage of 60,055. Mention must also be made of the valuable help given by the members of the Crawley Ambulance Division of St. John who, together with the ladies of the Nursing Division, make their services available in a voluntary capacity.

In addition, many journeys were made by the Hospital Car Service in the transportation of patients to and from hospitals and clinics. During 1957 volunteer drivers in their own vehicles covered a total of 277,213 miles while moving patients from the north-east corner of West Sussex. This represents an increase of over 30,000 miles when compared with the previous year.

3. Hospital Accommodation for Infectious Disease.

The majority of cases of infectious disease in need of hospital treatment are admitted to Foredown I.D.H. at Hove. I must express my appreciation of the helpful co-operation of the Medical Superintendent.

General Provision of Health Services in the Area (Continued)3. Hospital Accommodation for Infectious Disease (Continued)

We are advised that any cases of Smallpox occurring in the District should be sent to the River Hospital (Long Reach), Dartford, Kent.

4. Clinics and Treatment Centres.A. By Local Health Authority.

The following is an account of the Services provided in the area by the West Sussex County Council as Local Health Authority.

(a) Nursing: The West Sussex County Council employs District Nurses, Midwives, Health Visitors and School Nurses. In Crawley the Health Visitors act as School Nurses, but District Nurses and Midwives operate separately.

(b) Maternity and Child Welfare: Infant Welfare Clinics are held as follows:-

Congregational Church Rooms. Sessions are held each Tuesday from 2 p.m., a doctor being in attendance fortnightly.

Langley Green Clinic. Sessions are held twice weekly (Monday and Wednesday) from 2.30 p.m., a doctor being in attendance on the second and fourth Monday and the first and third Wednesday in the month.

Jubilee Hall, Three Bridges. Sessions are held twice weekly (Monday and Thursday) from 2 p.m. A doctor is in attendance on the first and third Mondays and also on the second and fourth Thursdays.

Contraceptive Clinic

Langley Green School. A Family Planning Clinic is held at 1.45 p.m. on the first and second Tuesday in each month and at 7.15 p.m. on the third and fourth Mondays.

Relaxation Classes.

Congregational Church Rooms. Classes are held fortnightly on Thursday at 2.15 p.m.

Jubilee Hall, Three Bridges. Classes are held fortnightly on the first and third Thursday in each month at 2 p.m.

General Provision of Health Services in the Area (Continued)

(c) School Health Service. Regular inspections of children are carried out at all the schools by the District M.O.H. and other School Medical Officers in the service of the County Council.

One full-time Dental Surgeon operates in Crawley, with assistance from other members of the County staff. Regular sessions are held at the Langley Green Clinic and in the medical rooms of the new schools.

Eye, Orthopaedic and Physiotherapy Clinics are held in the town, but children who are referred from the Orthopaedic Department, as requiring examination by the Consultant Orthopaedic Surgeon, are seen by him at the Horsham Health Centre.

Sessions for immunisation against Diphtheria and Poliomyelitis are held at the Robinson Road, Langley Green and Three Bridges Clinics, but most children are treated in their own schools as this causes the minimum of interference with the school curriculum.

(d) Home Help Service. This is controlled by the Women's Voluntary Services on behalf of the County Council. The value of this work cannot be over-estimated.

B. Other facilities.

- (i) Hospital and Specialist Services. A comprehensive hospital and specialist service is provided by the Regional Hospital Board. Hospital accommodation of a private nature is available in certain circumstances, subject to appropriate charges.
- (ii) General Medical and Dental Services. Everyone is entitled, as part of the arrangements of the National Health Service, to general medical and dental care. Local arrangements for these services are organised through the National Health Executive Council for West Sussex, 175, Broyle Road, Chichester.
- (iii) Horsham Chest Clinic. This is held in the Health Centre adjoining Horsham Hospital, and is available to all residents in the area.
- (iv) Venereal Diseases: Patients may attend the Clinic at the Redhill County Hospital or at the Royal Sussex County Hospital, Brighton. Treatment is confidential and times are as follows:-

General Provision of Health Services in the Area (Continued)B. Other facilities (Continued)

(iv) Venereal Diseases (Continued)

Redhill County Hospital

Men - Mondays 5 p.m. to 7 p.m.

Women - Wednesdays 5 p.m. to 7 p.m.

Royal Sussex County HospitalMen - Mondays, Thursdays and Saturdays,
1.30 to 4.30 p.m.Women - Tuesdays 1.30 to 4.30 p.m.
Thursdays and Saturdays 10 a.m. to 1 p.m.

SANITARY CIRCUMSTANCES OF THE AREA

by the Chief Public Health Inspector, Mr. T. Steel

The increase of the Department's staff by an additional inspector and by a second clerical assistant made it possible to carry out the postponed Housing Survey and to place before the Council the proposals for Slum Clearance. Further, the efforts made in 1956 to ensure compliance with the Food Hygiene Regulations having achieved satisfactory results, it was possible as a result to reduce the number of inspections of food premises and to give the necessary attention to the implementation of the Clean Air Act.

Further details of each of these main activities are given under their separate headings.

Continued close attention has been given to the plans for proposed new premises and for alterations to existing premises, and I can again report excellent co-operation by the majority of the managements, architects, heating engineers etc. who were concerned with the proposals. Where, as in a New Town, there is such rapid development, the early follow-up of proposals is of prime importance. Prior approval of proposals is not required by, for instance, the Food Hygiene Regulations or the Factories Act, but if the persons depositing plans are fully informed of requirements at an early stage, the desired results are almost invariably obtained without subsequent amendments. Every possible effort is made to prevent developers incurring extra expenditure on alterations for which the need can be foreseen. Appreciation by developers of these efforts by the Department is of great value in establishing good co-operation and relationships from the start.

I should like to express my appreciation of the excellent work put in by the additional inspectors, Mr. Tyler and Mr. Poole. Miss Brackpool's continued efficiency in the clerical administration, now with the able and willing assistance of Miss Weston, has allowed your inspectors to devote their proper attention to outdoor duties.

WATER SUPPLY

Samples taken	Bact.	Chem.	Satisfactory	B. coli present over 3 per 100 ml.
63	60	3	56	7

Water Supply (Continued)

No. of dwellinghouses supplied with main water direct to the houses.	Estimated population.
11,946	43,000

New houses connected to main supply 2,156

Number of houses with private supply 9

Bacteriological samples taken from private supply 6

Number of samples found unsatisfactory 6

INSPECTIONS ETC.

Total number of inspections for all purposes 4,505

PUBLIC HEALTH ACT, 1936

Number of notices served under the Public Health Act:-

Formal 2

Informal 73

Number of notices complied with:-

Formal 1

Informal 61

COMPLAINTS

Number of complaints received (other than for rats and mice). 73

Inspections 75

Re-inspections 34

MOVEABLE DWELLINGS

Inspections 124

Number of notices served ... 6

The majority of the caravans in the district are occupied by building workers and their frequent removal from site to site makes adequate supervision difficult. Conditions are, however, usually found to be satisfactory and the few nuisances that have arisen have been remedied by informal action.

SECTION 89, PUBLIC HEALTH ACT, 1936Power to require sanitary conveniences to be provided at inns, refreshment houses, etc.

At their meeting in December, 1956, the Council adopted the Public Health Committee's recommendation that:-

"In the case of Public Houses the Council's policy shall be to require

- (a) A W.C. for males in addition to adequate urinal accommodation.
- (b) Where practicable, all sanitary accommodation under cover and accessible from inside the premises."

At the beginning of 1957 ten of the nineteen public houses in the district fell short to some extent of the standard. Discussions have been had with representatives of all of the breweries concerned and proposals were received in all cases which included the above requirements, where practicable, as part of general schemes for modernisation and improvement. Some of the work has already been completed, some is in progress and the majority of the remainder is included in plans already submitted to the Council for Byelaw and Planning Approval.

INFECTIOUS DISEASE

Visits of enquiry	126
Rooms disinfected	2

ERADICATION OF BED BUGS, FLEAS ETC.

Number of visits in connection with vermin	12
Number of rooms treated for vermin	9

Although the number of infestations can still be regarded as small, it does show a very considerable increase over last year's figures when only two infestations were dealt with.

DRAINAGE WORK

Drains relaid & tested	1
Houses connected to main drainage	3

Drainage Work (Continued)

Houses provided with flushing cisterns	-
Privies converted to E.C.'s..	-
E.C.'s converted to W.C.'s ..	-

DUSTBINS

New dustbins supplied	16
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OFFENSIVE TRADES

Number of premises registered (Bone boiling & fat extracting)	1
Number of inspections	13

FOOD & DRUGS ACT, 1955

Number of food premises in the district:-

Grocers & provisions shops	62
Confectioners	26
Greengrocers	28
Butchers	25
Bakehouses	5
Bakers' Shops	14
Fishmongers	12
Cafes & Restaurants	20
Licensed premises	21
School canteens	22
Factory Canteens	40
Nursing & Convalescent Homes	2
Clubs etc.	11
Total	288

Number of food premises registered under Section 16:-

For the sale of ice cream:-

Grocers & provision shops	38
Confectioners	22
Bakers	5
For the manufacture of sausages, preserved foods etc.	
Butchers	16
Grocers	2
Total	83

Food & Drugs Act (Continued)Inspection of registered food premises

Number of inspections 211

Meat and other foods

The following articles of food were examined during the year and condemned as unfit for human consumption:-

1018 lbs. Beef	395 Tins Meat
132 lbs. Lamb	250 Tins Vegetables
28¾ lbs. Lambs Liver	306 Tins Fruit
3 lbs. Lambs Hearts	26 Tins Fish
118 lbs. Sausages	43 Tins Milk
44¾ lbs. Ham	6 Tins Soup
65 lbs. Pressed Pork & Veal	16 Tins Preserve
2 lbs. Luncheon Meat	4 Tins Rice Pudding
674 lbs. Fish	1 Jar Peanut Butter
14 lbs. Rice	
84 Meat Pies	2 Pkts. Pastry
48 Fish Cakes	1 Pkt. Cake-mix
2 Pkts. Tea Cakes	3 Pkts. Oats
67 Pkts. Cheese	2 Bottles Orange Juice

Method of Disposal of Condemned Food

Meat and fish are stained and released where appropriate for by-product usage, otherwise the condemned food is buried on the Council's refuse tip.

Food Hygiene Regulations, 1955

Number of inspections 690

Number of notices served 67

Number of notices complied with 60

FOOD HYGIENE

The position as regards the structural requirements of the Food Hygiene Regulations can again be regarded as very satisfactory. There is still, however, a continued need for proper instruction of food handlers and every opportunity of giving such instruction is taken, although the response to offers of organised talks is often disappointing.

Food Hygiene (Continued)

Special attention has again been paid to the protection of the more potentially dangerous foodstuffs, particularly cooked meats. Occupiers of food premises are persuaded, whenever possible, to provide refrigerated display units for prepared meats, the infection of which is still the major cause of food poisoning. It would be desirable for legislation requiring temperature control over the storage and display of such foodstuffs to be introduced.

Reports were made to the Public Health Committee of eight matters in respect of possible infringements of the Food & Drugs Act and the Food Hygiene Regulations.

Legal proceedings were taken in respect of two shops in the same occupation and the defendants were fined a total of £395 and the Council were awarded 20 guineas costs.

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Milk & Dairies Regulations, 1949 - 1954

Number of dairies registered ... Nil

Milk Supply

Number of registered purveyors
of milk 32 •

Dealers' Licences

Tuberculin Tested 16
Pasteurised 27
Sterilised 14

Number of notices served under Regulations 2
Number of notices complied with 2

Milk SamplesBacteriological examination of milk:

Designation	Samples taken	Up to Standard	Below Standard Failed Methylene Blue Test.
Tuberculin Tested	16	13	3
T.T. Pasteurised	21	21	-
Pasteurised	23	23	-
Sterilised	2	2	-

Biological examination of milk:

Designation	Samples taken	Up to Standard	Below Standard
Tuberculin Tested	4	4	-

Ice Cream Samples

No. of samples taken	Prov. Grade I	Prov. Grade II	Prov. Grade III	Prov. Grade IV
14	9	3	2	-

KNACKERS' YARDS

Number of premises registered - 1
Number of inspections - 13

It is still a matter of grave concern that, however much supervision can be given to knackers' yards, there are at present no adequate means of preventing diseased and heavily contaminated meat being taken into homes for feeding animals and subsequently causing infection of other foodstuffs.

It is extremely difficult to ensure that no meat coming from a knacker's yard is used for human consumption. In any event, just as much harm could result by consumption of other foodstuffs, which become infected from diseased or contaminated knackers' meat, as would result from the direct consumption by humans of the knackers' meat itself. Sterilisation is, in my opinion, the only effective safeguard where such meat is to be taken into domestic premises. Legislation requiring this has been long awaited.

SECTION 38, SHOPS ACT, 1950

Number of inspections 523

The fact that this Department is responsible for the provisions of the whole of Section 38 of the Shops Act greatly facilitates administration, particularly in respect of food premises. Difficulties would no doubt have arisen if those parts of the section relating to lighting, washing facilities and feeding facilities had still been administered by the County Council.

PREVENTION OF DAMAGE BY PESTS ACT, 1949Rodent Control

Number of complaints received...	507
Number of infested premises found as a result of survey	189
Estimated number of rats killed	4170
Estimated number of mice killed	347
Number of rats picked up after treatment	834

Apart from the normal infestations occurring in a town of this nature, there is the additional problem of the infestation of building sites to which rats are often attracted by the scraps of food thrown about. Regular routine inspections of all the larger sites are made by the rodent operative, as notification of infestations has often been found to be belated.

Early action on building sites is beneficial in preventing infestation of new sewers.

HOUSING

As previously stated, it was possible to carry out a much greater number of inspections of the older houses in the district. Of the 44 found to be unfit, 22 have been included in Clearance Areas, 11 have been dealt with individually and 11 await individual action.

Again, a considerable number of houses were purchased by the Development Corporation as a result of action by owners under Section 6(4) of the New Towns Act. The Development Corporation continue to carry out improvements and repairs to such properties.

One point in connection with new houses which requires mention is the increased incidence of condensation troubles in comparison with older type houses. The causes are varied, as is well known, but in the main the trouble arises from the use of hard, non-absorbent plaster finishes to wall surfaces coupled with inadequate heating and ventilation. These causes are avoidable and it is my opinion that they should receive more attention when houses are planned and materials specified. Serious condensation, even where risks to health do not exist, is very distressing to tenants.

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Inspection of dwellinghouses during the year:-

Total number of dwellinghouses visited for housing defects under Public Health and Housing Acts	632
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Housing (Continued)Houses demolished or closed in the period1. Housing Act, 1936

- (a) Demolished as a result of formal or informal procedure 2
- (b) Closed in pursuance of an undertaking given by the owners under Section 11 and still in force -
- (c) Parts of buildings closed (Section 12) -

2. Housing Act, 1949

Closed as a result of closing orders under Secs. 3 (1) & 3(2) -

3. Local Government (Miscellaneous Provisions) Act, 1953

Closed as a result of closing orders under Sections 10(1) and 11(2) -

Repairs in the Period

4. Unfit houses rendered fit and houses in which defects were remedied during the period as a result of informal action by the local authority under the Housing & Public Health Acts 36

5. Public Health Acts - action after service of formal notice

- (a) By owners 1
- (b) By local authority in default of owners -

6. Housing Act, 1936 - action after service of formal notice (Sections 9, 10, 11 and 16)

- (a) By owners -
- (b) By local authority in default of owners -

7. Housing Repairs and Rents Act, 1954

Houses reconstructed, enlarged or improved and Demolition Orders revoked (Section 5) -

Housing Repairs and Rents Act, 1954 (Continued)

Unfit houses in temporary use (Housing Repairs & Rents Act, 1954)

8. (a) Houses retained for temporary accommodation and approved for grant under Section 7 -
 (b) Separate dwellings contained in (a) above -
 (c) Houses licensed for temporary occupation -

9. Houses Let-in-Lodgings - Housing Repairs & Rents Act, 1954

- (a) Formal notices served under Section 11 1
 (b) Formal notices served under Section 12 1
 (c) Number of formal notices complied with 2

Housing Act, 1936 (Part IV) - Overcrowding

- (a) 1. Number of dwellings overcrowded at the end of the year -
 2. Number of families dwelling therein -
 3. Number of persons dwelling therein -
 (b) Number of cases of overcrowding reported during the year -
 (c) Number of cases of overcrowding relieved during the year -
 (d) Number of formal notices to abate overcrowding -
 (e) Number of formal notices complied with -

Rent Act, 1956 - Certificates of Disrepair

Number of Form G received 24
 Number of Undertakings accepted 5
 Number of Certificates issued 9

FACTORIES ACT, 1937

Inspections for purposes of provisions as to health:-

- (1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the local authority:-

No. on register.	Inspections.	Written notices.	Owners prosecuted.
2	2	-	-

Factories Act, 1937 (Continued)

(2) Factories not included in (1) in which Section 7 is enforced by the local authority:-

No. on register.	Inspections.	Written notices.	Owners prosecuted.
120	249	6	-

(3) Totals of (1) and (2)

No. on register.	Inspections.	Written notices.	Owners prosecuted.
122	251	6	-

Cases in which defects were found:-

	Found	Remedied
Want of cleanliness	-	1
Sanitary conveniences:		
Insufficient	1	1
Unsuitable or defective ..	5	5
Not separate for sexes ..	-	-
Total:	6	7

Outworkers' Premises

Number registered 12
 Number of inspections .. 7

Section 34 - Means of Escape in Case of Fire

Number of inspections .. 58
 Number of new certificates issued 5
 Number of amended certificates issued 5

Factories Act, 1937 (Continued)

A considerable proportion of the Department's time was again allotted to the duties of the Council under Section 34 in respect of means of escape.

During the year 5 new certificates were issued and 5 certificates were revised.

I again wish to express gratitude to the County Fire Brigade Officers for their assistance with inspections and for their valuable advice on particular fire hazards.

SECTION 60, PUBLIC HEALTH ACT, 1936 - Means of Escape from Fire in the Case of Certain High Buildings.

During the year arrangements were made with the Council's Engineer and Surveyor whereby this Department assumed responsibility for Section 60 of the Public Health Act, 1936, in respect of occupied premises. This was found desirable in view of the fact that premises to which this section applies are normally subject to inspection by this Department for other purposes such as the Food Hygiene Regulations, 1955, Houses-Let-in-Lodgings provisions etc.

Number of inspections 11

Number of notices served:-

Formal	1
Informal	2

Number of notices complied with:-

Formal	-
Informal	-

PETROLEUM (CONSOLIDATION) ACT, 1928

Number of licences issued	51
Number of inspections	170
Number of disused installations made safe	3

ATMOSPHERIC POLLUTION

Close attention was again paid during the year to furnaces being installed in new premises, and the coming into force of part of the Clean Air Act was of great assistance in this respect. Although no applications for prior approval were received, the specifications and plans of the apparatus for all new premises

Atmospheric Pollution (Continued)

were obtained from the architects and heating engineers, and the details informally agreed upon.

It can be said that the apparatus being installed in the New Town factories and business premises is generally of a high standard and that little trouble should be experienced provided that adequate maintenance is carried out. The majority of installations are oil-fired and rapid technical advances in the control of combustion of oil are distinctly evident.

With reference to the factory burning wood-waste mentioned in last year's report, further modifications to the incinerator were made during the year and further improvement has resulted. Continuous attention and skill on the part of the operator will, however, always be required with a fuel such as wood-waste, unless some method can be found for firing it in more controllable form.

I can assure the Council, however, that the pollution caused by industrial boiler plant is very close to the minimum possible at present and that, in addition, close attention has again been given to the prevention of pollution by other emissions such as fumes and dust.

Two stations for recording atmospheric pollution were brought into use on 1st April. The equipment at each consists of a standard deposit gauge and lead-peroxide instrument for recording sulphur oxides. I propose to report fully on the results obtained after a full twelve months' figures have been studied. The Council now have adequate powers for dealing with the pollution coming from domestic chimneys, which forms by far the major part of that which is avoidable,

A survey of the Southgate area was made in preparation for the making of a Smoke Control Order, but recent difficulties concerning the fuel storage facilities of distributors have made delay unavoidable. Alternative schemes are under consideration.
